New York State Department of Health
Bureau of Controlled Substances
433 River Street, Troy, NY 12180

Application for Registration to Sell or Furnish Hypodermic Needles or Syringes Without a Prescription under the Expanded Syringe Access Demonstration Program (ESAP)

Instructions: Please Complete Both Sides of This Form and Return by Mail to the Above Address

NOTE: In order to apply for and be granted ESAP registration, an applicant must be an authorized provider as listed below. Place an **X** in the box beside the type of authorized provider that describes you and then supply the additional requested information. ***Only one (1) provider type should be selected***.

☐ A pharmacy licensed under Article 137 of the Education Law.

☐ A health care practitioner who is otherwise authorized to prescribe the use of hypodermic needles or syringes within his or her scope of practice.

☐ A health care facility licensed under Article 28 of the Public Health Law.

☐ Off site extension service (Health care facilities, place an **X** here if you wish to also register off site locations to sell or furnish hypodermic needles or syringes on your behalf. Please list the names and addresses of those sites on a separate sheet of paper and attach it to this form.)

Authorized Provider Information (please print or type)

Provider Name: _____

Address: _____

City: _____ State: _____Zip: _____

Telephone No.: _____ Fax No.: _____

Telephone No. for Public Information_____

NYS Operating Certificate No: _____ NYS Permanent Facility Identification (PFI) No: ___ ___ ___ ___
(health care facility applicants only) (health care facility applicants only)

NYS License No: _____ DEA No: ___ ___ ___ ___ ___ ___ ___ ___ ___
(practitioner and pharmacy applicants only) (all applicants)

NOTE: Each authorized provider shall designate one (1) contact person to have administrative responsibility for the provider's participation in ESAP. Below, supply the requested information for the designated contact person.

Designated Contact Person Information (please print or type)

Name: _____ Title: _____

Address: _____

City: _____ State:_____ Zip:_____

Telephone No.: _____e-mail Address: _____ Fax No: _____
(if available)

[See Reverse Side]

Safe Disposal Activities

NOTE: All registrants in ESAP who sell or furnish hypodermic needles and syringes must cooperate in activities that support the safe disposal of used needles and syringes. (***Hospitals are required to accept used needles and syringes for disposal. However, pharmacy and practitioner registrants also may voluntarily provide this service, subject to a separate registration and compliance with applicable local, state, and federal laws)***

Applicants, indicate with an **X** the type of support service(s) you will be providing.

☒ *Option 1*	***(Required for all registrants)*** At a minimum, all registered providers must distribute a safety insert that is developed or approved by the Department of Health *with each transaction*.
☐ *Option 2.*	Sell or furnish personal sharps disposal containers.
☐ *Option 3.*	Refer consumers to a sharps disposal program. Currently, hospitals accept residential sharps. Specific information about each facility's program is being collected and will be available soon after January 1, 2001. Additional disposal sites will be identified through the ESAP disposal registration process. This information will also be published
☐ *Option 4*:	Refer consumers to the NYS DOH HIV/AIDS hotline to identify disposal sites. English 1-800-541-AIDS Spanish 1-800-233-SIDA TDD 1-800-369-AIDS
☐ *Option 5:*	Provide information about safe disposal in household trash, as allowed per local ordinances.
☐ *Option 6:* ***Please check if interested, - a separate registration form will be mailed.***	Accept syringes and needles from consumers for disposal. This option requires a separate registration. If this option is selected, the NYS DOH will provide a registration form and information regarding program requirements. Hospitals are already required to accept residential sharps and need not register. All other eligible providers must complete the disposal registration process.
☐ *Option 7*	*Other: Please describe*

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Program Evaluation

☐ Please check here if you would like information about participating in the program evaluation by providing hypodermic needle and syringe transaction data. **Participation is voluntary**.

Directory of Participating Providers

☐ Please check here if you **do not** want to be listed in a publicly available directory of participating providers.

Attestation

The authorized provider submitting this application attests that, upon being registered, it will abide by the provisions of 10 NYCRR 80.131 and 80.137—known as the Expanded Syringe Access Demonstration Program—and by the provisions contained in this registration form. The authorized provider submitting this application also attests that it is in good standing with regard to the applicable licensing authority(ies) and that no final action of any sort has been taken which would bring such good standing into question. The authorized provider submitting this application further acknowledges and agrees that its registration under ESAP may be terminated by the Department of Health in the event that it fails to comply with the provisions of ESAP, or in the event it is determined by the Department of Health or other applicable licensing authority that it was not in good standing at the time of application for registration or any time thereafter.

Individual authorized to sign the registration form on behalf of the applicant.

Signature_____

Print or type name and title _____

NOTE: Submission of a completed form does not constitute registration until the Department of Health acknowledges its acceptance of the registration. Syringes may not be sold or otherwise provided, or accepted for disposal, until the Department of Health provides you with a separate written acknowledgement, in the form of a certificate, that it has accepted your request for registration and that your registration is effective.

Dated: 12/07/00